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Attorney Docket No.: MTEC-011/00US
Client Reference No.: 0131.00US

PATENT

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Date of Deposit: March 21, 2006

EV840640247US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of THEKKATH et al.

Serial No.: 09/844,670

Examiner: Anil KHATRI

Confirmation No.: 8985

Art Unit: 2191

Filed: April 30, 2001

For: **TRACING OUT-OF-ORDER LOAD DATA**

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION UNDER 37 C.F.R. §1.114

Applicants submit this request for continued examination under 37 C.F.R. §1.114 for the above-identified application.

☒ Please consider the following submission required under 37 C.F.R. §1.114:

- ☒ Information Disclosure Statement
- ☐ The amendment/reply under 37 C.F.R. §1.116 previously filed on .
- ☐ The arguments in the Appeal Brief and/or Reply Brief previously filed on .
- ☐ The enclosed amendment/reply submitted in response to the Official Action dated .

☒ Also enclosed are:

- ☒ Information Disclosure Statement Transmittal
- ☒ PTO/SB/08 (A) (B) Form
- ☒ Check in the amount of \$790.00 for the total fee as calculated below
- ☒ Return receipt postcard

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790.00 OP

[X] The fee for the request for continued examination is calculated below:

	NO. OF CLAIMS	CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	23	- = 23	0	x \$50.00	0
Independent Claims	6	- = 6	0	x \$200.00	0
Multiple dependent claims not previously presented, add \$290.00					
Total Amendment Fee					0
Continued Examination Fee under 37 C.F.R. §1.17(e) of \$790.00					\$790.00
If small entity status is applicable, subtract 50% of Total Amendment Fee and Continued Examination Fee					
Other fees: (specify)					
TOTAL FEE DUE					\$790.00

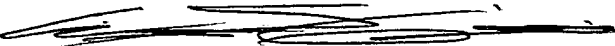
The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 03-3117.

Dated: **March 21, 2006**

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WSG/dm

Respectfully submitted,
COOLEY GODWARD LLP



By: _____

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